

NICHOLLS STATE UNIVERSITY
PURCHASING DEPARTMENT
PO BOX 2052 University Station
104 Elkins Hall
Thibodaux, La 70310
Phone No. (985) 448-4038 - Fax No. (985) 448-4921
EO/AA Employer, M/F/H/V

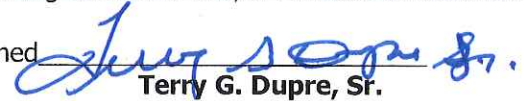
BID NO. **SB01865**

Date: **04/05/2023**

INVITATION, BID AND ACCEPTANCE

INVITATION: Sealed bids, subject to the conditions herein stated and attached hereto, will be received at this office until **3:00 P.M. on 04/27/2023** and then publicly opened for furnishing the items and/or services as described below for Nicholls State University.

Signed



**Terry G. Dupre, Sr.
Director of Purchasing**

The right is reserved to reject all or part of your offer as well as to cancel this entire solicitation

DESCRIPTION

"Bid Number SB01865 Nursing Department Classroom Supplies"

INSTRUCTIONS:

1. YOUR BID SHALL BE MADE ON THE ATTACHED BID FORM(S) AND RETURNED WITH THIS "INVITATION" IN A SEALED ENVELOPE WITH YOUR NAME AND ADDRESS ON THE OUTSIDE OF THE ENVELOPE YOUR BID IS SUBMITTED IN. THE ENVELOPE MUST CLEARLY IDENTIFY THE BID TITLE, BID NUMBER, AND THE SCHEDULED RETURN DATE AND TIME. IF THE SOLICITATION REQUIRES THAT THE WORK IN THE SOLICITATION MUST BE PERFORMED BY A LICENSED LOUISIANA CONTRACTOR, THEN YOUR LOUISIANA CONTRACTORS LICENSE NUMBER MUST BE WRITTEN ON THE OUTSIDE OF THE ENVELOPE THE BID IS SUBMITTED IN.
2. The University cannot accept bids or alterations by wire, phone or facsimile.
3. ALL PRICES ARE TO BE QUOTED COMPLETE AND F.O.B. NICHOLLS STATE UNIVERSITY, THIBODAUX, LA.
4. All prices assumed firm unless otherwise stated.
5. Any bid received after bid closing time will be returned unopened.
6. As a state agency, the University is NOT liable for state sales tax in acted by the State Legislature and in effect at the time of issuance of the order. Do not include federal excise tax unless requested.
8. Unless otherwise specified all bids shall be binding for 30 calendar days from date of bid opening.
9. THIS BID INVITATION SHEET MUST BE SIGNED IN ACCORDANCE WITH R.S. 39:1556(53). YOUR SIGNATURE IDENTIFIES YOUR INTENT TO BE BOUND. FAILURE TO SIGN THIS PAGE MAY RESULT IN YOUR BID NOT BEING CONSIDERED.
10. Additions for packing or other items not quoted will not be allowed.

BIDDER SHOULD FILL IN ALL BLANK SPACES

Terms will be and shipment will be made within _____ days of receipt of order.

BID

In compliance with the above invitation for bids and subject to the conditions thereof, the undersigned offers and agrees if this bid be accepted within _____ days from the date of opening to furnish any or all of the items (or sections) at the price set opposite each item (or section). (In case of a continuing contract this price shall remain in effect until _____.)

Bidder _____
Address _____

Email _____

Signed _____
Title _____
Phone (_____) _____
Fax (_____) _____

Federal Tax ID Number: _____

NAME OF BIDDER MUST MATCH NAME ON ATTACHED W9 FORM.

NAME ON W9 FORM MUST AGREE WITH THE NAME ASSIGNED TO FEDERAL TAX ID NUMBER PROVIDED.

Acceptance by NICHOLLS STATE UNIVERSITY, THIBODAUX, LOUISIANA as to items numbered:

Signed _____

Date _____



Nicholls State University

Purchasing Office

P. O. Box 2052 – Thibodaux, LA 70310
985.448.4038 – Fax: 985.448.4921

April 05, 2023

PUBLIC NOTICE INVITATION TO BID

Sealed bids will be received by the Purchasing Department, NICHOLLS STATE UNIVERSITY, Thibodaux, La. on, **April 27, 2023 at 3:00 P.M.** for:

"Bid Number SB01865 Nursing Department Classroom Supplies"

At which time and place the bids will be publicly opened and read aloud. Any bid received after closing time will be returned unopened.

Copies of the specifications may be obtained in electronic format by visiting the State of Louisiana, Office of State Purchasing, LaPAC Web Site, <http://wwwprd1.doa.louisiana.gov/OSP/LaPAC/pubMain.cfm>. Copies of specifications are on file in the Office of the Director of Purchasing, NICHOLLS STATE UNIVERSITY, Thibodaux, LA. To obtain a copy of the specifications from Nicholls State University, call (985) 448-4038 or e-mail terry.dupre@nicholls.edu or evelyn.summers@nicholls.edu

Bids must be returned to the Purchasing Office in sealed envelopes. Bids must be submitted on the form enclosed with the bid specification, and in strict conformity with the intent of same without modifications. Bids must be signed in ink, dated, and title of person signing the bid should be shown on the bid.

No bid may be withdrawn after the scheduled closing time for receipt of bids for at least thirty (30) days.

The University reserves the right to reject any or all bids, and to waive any informalities.

Evidence of authority to submit the bid shall be required in accordance with R.S. 38:2212(B)(5) and/or R.S. 39:1594(C)(4).

An Equal Opportunity Employer.

NICHOLLS STATE UNIVERSITY
THIBODAUX, LOUISIANA

Terry G. Dupre, Sr.
Director of Purchasing, Property Control
and Support Services Administration

TO BE RUN: April 11, 2023
BID DUE: April 27, 2023



Nicholls State University

Purchasing Office

P. O. Box 2052 – Thibodaux, LA 70310
985.448.4038 – Fax: 985.448.4921

STATE OF LOUISIANA HUDSON INITIATIVE

The Louisiana Initiative for Small Entrepreneurships (the Hudson Initiative) was established in accordance with La. R.S. 39:2001- 2008 and La. R.S. 51:931. This is a goal-oriented program which encourages State agencies to contract with certified small entrepreneurships, as well as encouraging contractors who receive contracts from the State to use good faith efforts to utilize certified small entrepreneurships as subcontractors in the performance of the contract. The Hudson Initiative is a race and gender-neutral program. The primary intent of this program is to provide additional opportunities for Louisiana-based small entrepreneurships that are certified by the Louisiana Department of Economic Development to participate in contracting and procurement with the State. The comprehensive rules governing the implementation of the program are located at <http://www.doa.la.gov/pages/osp/se/secv.aspx>. This program is under the auspices of Louisiana Department of Economic Development. All State departments/agencies including the Office of State Procurement, Facility Planning and Control, and the Department of Transportation and Development, as well as colleges and universities, and community and technical colleges are encouraged to participate in this program. The Office of State Procurement facilitates the administration of the program.

Certain procurements will be designated as suitable for participation in the Hudson Initiative. In order to be responsive to the solicitation, the vendor must either be a certified small entrepreneurship, in accordance with La. R.S. 39:2006, or put forth a good faith subcontracting plan to utilize certified small entrepreneurships in the performance of the contract.

In order to assist in locating those small entrepreneurships that are certified by the Department of Economic Development, a "quick reference list" has been compiled, which is arranged alphabetically and by commodity class. This list is automatically refreshed (updated) each time it is opened. The complete list of certified small entrepreneurships is maintained by Louisiana Department of Economic Development, which is responsible for certification of businesses. The list may be accessed here:
<https://smallbiz.louisianaeconomicdevelopment.com/Search>.

Small entrepreneurships that are not currently certified and are interested in participating in procurement and contracting opportunities with the State under the Hudson Initiative are encouraged to visit the Louisiana Economic Development Small Business Certification System at <http://www.louisianaeconomicdevelopment.com/page/hudson-initiative> for qualification requirements and on-line certification. After certification, businesses are encouraged to register in the LaGov Supplier Portal: https://lagoverpvendor.doa.louisiana.gov/irj/portal/anonymous?guest_user=self_reg.

**STATE OF LOUISIANA
NICHOLLS STATE UNIVERSITY
THIBODAUX, LOUISIANA
A Member of the University of Louisiana System**

Rev. 10/2020

The Nicholls State University (NSU) Purchasing Department will receive sealed bids until 3:00 P.M. on the bid opening date specified in the solicitation document. No bid responses will be considered by the NSU Purchasing Department received after 3:00 P.M. on the date specified. Beginning at that time, bids shall be publicly opened and read aloud to those present in the NSU Purchasing Department.

Mail address: Nicholls State University
Purchasing Department
P. O. Box 2052
Thibodaux, LA 70310

Delivery: Nicholls State University
Purchasing Department
906 East First Street
Room 104 Elkins Hall
Thibodaux, LA 70301

Bids submitted are subject to LA R.S. 39:1551-1736; Purchasing Rules and Regulations; Executive Orders; General Conditions; any Special Conditions; and Specifications listed in the solicitation document.

The purpose of this solicitation is to set forth the requirements and specifications of Nicholls State University. The contents of this solicitation and the Bidder/ Vendor/ Contractor's bid response shall become contractual obligations if a contract (purchase order) ensues.

INSTRUCTIONS TO BIDDERS

- 1) **Bid Forms:** All written bids, unless otherwise provided for, must be submitted on, and in accordance with, forms provided, properly signed in accordance with R.S. 39:1556(53) by an authorized representative of the bidding entity. Bid prices shall be typewritten or in ink. Bids submitted in the following manner will not be accepted: (1) bid contains no signature indicating intent to be bound; (2) bid filled out in pencil; and (3) bid sent by facsimile equipment. Price alterations to bid responses received before bid opening time will be considered provided the written price alteration has been received and time-stamped before bid opening time. Any other alterations of the bid response form or foreign conditions attached thereto may cause rejection of the bid response without further consideration.

The NSU Purchasing Department reserves the right to award items separately, grouped or on an all-or-none basis and to reject any or all bids and waive any informalities.

- 2) **Sealed Envelope:** To assure consideration, all bids must be submitted in a sealed envelope. The Envelope must contain: THE BID NUMBER, THE DUE DATE AND TIME, AND THE NAME OF THE BIDDER.

ADDITIONALLY: THE OUTSIDE OF THE BID ENVELOPE MUST CONTAIN THE STATE OF LOUISIANA CONTRATOR'S LICENSE NUMBER SHOULD THE WORK PROVIDED IN THE SPECIFICATION REQUIRE THAT THE BIDDER BE LICENSED BY THE LOUISIANA STATE LICENSING BOARD FOR CONTRACTORS IN THE APPROPRIATE CLASSIFICATION FOR THE WORK TO BE PERFORMED UNDER THIS SPECIFICATION OR THE SPECIFIC CLASSIFICATION IDENTIFIED IN THE ADVERTISEMENT OR THE SPECIFICATION.

THE CONTRACTOR'S LICENSE NUMBER SHALL APPEAR FOR ANY BID SUBMITTED IN THE AMOUNT OF \$50,000 OR MORE. \$10,000.00 OR MORE FOR ELECTRICAL OR MECHANICAL WORK.

FAILURE OF THE BIDDER TO WRITE THE CONTRACTOR'S LICENSE NUMBER ON THE OUTSIDE OF THE BID ENVELOPE SHALL CAUSE THEIR BID TO BE AUTOMATICALLY REJECTED AND NOT READ.

- 3) **Standard of Quality:** Any product or service bid shall conform to all applicable Federal and State laws and regulations and specifications contained in the solicitation document. Unless otherwise specified in the solicitation document, any manufacturer's name, trade name, brand name, or catalog number used in the specifications is for the purpose of describing the quality level and characteristic required. Bidder should specify the brand and model number of the product offered in his bid. Bids not specifying brand and model number shall be considered as offering the exact products specified in the solicitation document.
- 4) **Descriptive Information:** Bidders proposing an equivalent brand or model should submit with the bid response information (such as illustrations, descriptive literature, technical data) sufficient for the University to evaluate quality, suitability, and compliance with the specifications of the solicitation document. Failure to submit descriptive information may cause bid to be rejected. Any change made to a manufacturer's published specification submitted for a product shall be verifiable by the manufacturer. If item(s) bid does not comply with specifications (including brand and/or product number), bidder should state in what respect the item(s) deviate. Failure to note exceptions on the response form will not relieve the successful bidder(s) from supplying the actual products requested.
- 5) **Bid Opening:** Bidders may attend the bid opening, but no information or opinions concerning the ultimate contract award will be given at the bid opening or during the evaluation process. Bids may be examined 72 hours after request is made. Information pertaining to completed files may be secured by visiting the NSU Purchasing Department during normal working hours. Written bid tabulations will not be furnished.
- 6) **Louisiana Preference:** Preference is hereby given to products produced, manufactured, harvested, grown or assembled in Louisiana which are equal in quality to products produced, manufactured, harvested, grown or assembled outside of Louisiana. The bidder shall state his right to claim the ten percent (10%) preference in his bid response on the form provided and the bidder should state the respective Louisiana location where each qualifying item is produced, manufactured, harvested, grown or assembled.

-Instructions to bidders continued-

7) **Signature Authority:** ATTENTION: .R.S. 39:1594(C)(4) requires evidence of authority to sign and submit bids to the State of Louisiana. You should indicate which of the following apply to the signer of this bid.

1. The signer of the bid is either a Corporate Officer who is listed on the most current annual report on file with the Secretary of State or a member of a partnership or partnership in Commendam as reflected in the most current Partnership Records on file with the Secretary of State. A copy of the Annual Report or Partnership Record must be submitted to this office before contract award.
2. The signer of the bid is a representative of the Bidder Authorized to submit this bid as evidenced by documents such as, Corporate Resolution, Certification as to Corporate Principal, etc. If this applies, a copy of the Resolution, Certification, or other supportive documents must be attached hereto.
3. The bidder has filed with the Secretary of State an Affidavit or Resolution or other acknowledged/authentic document indicating that the signer is authorized to submit bids for public contracts. A copy of the applicable document must be submitted to this office before contract award.
4. An individual listed on the State of Louisiana Bidder's Application as authorized to execute bids.

By signing the bid, the bidder certifies compliance with the above.

- 8) **Addendums:** If an addendum is issued regarding the bid solicitation, it is the responsibility of the bidder, prior to submitting their bid, to periodically visit if any addendums were issued and posted to the State of Louisiana Purchasing Department LaPAC website.
- 9) **Bid Bonds:** If a bid bond is required, a bid bond must be submitted for each separate bid response. The bid bond shall be in an amount equal to 5% of the bid price submitted and alternates, if any. The bid security shall be in a form of a bid bond or certified check, or cashiers check.

(PLEASE NOTE THAT A BID BOND MUST BE SIGNED BY THE AGENT OR ATTORNEY-IN-FACT OF THE SURETY.)

(*) The surety or insurance company furnishing the bid bond shall be currently on the U.S. Department of the Treasury Financial Management Service list of approved bonding companies or by an insurance company that is either domiciled in Louisiana or owned by Louisiana residents and is licensed to write surety bonds.

FOR THIS BID SOLICITATION:

BID BOND REQUIRED: Yes ☐ X No ☒

PERFORMANCE BOND REQUIRED:	YES	X	NO
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PURCHASE WILL BE EXECUTED WITH: X Purchase Order Only
 Purchase Order and Formal Two Party Contract
 Formal Two Party Contract Only

GENERAL CONDITIONS

Rev 06/2020

- 1) **Prices:** Unless otherwise specified in the solicitation, bid prices shall be complete, including transportation and handling prepaid by the bidder to destination - NSU, Thibodaux, LA. Bids other than FOB destination may be rejected. Bid prices should be quoted in the unit of measure stated. Bid prices shall be firm for a minimum of thirty (30) calendar days, unless otherwise specified by NSU in the solicitation document.
- 2) **Payment Terms:** Cash discounts for less than 30 days may be offered, but will not be considered in determining awards. Bids containing "payment in advance" or "COD" requirements may be rejected. Payment is to be made within 30 days after receipt of properly executed invoice or delivery, whichever is later.
- 3) **Delivery:** Bids may be rejected if the delivery time indicated is longer than that specified in the solicitation document.
- 4) **Taxes:** Bidder is responsible for including all applicable taxes in the bid price. The University is currently exempt from Louisiana State Sales and Use Taxes, and local parish and city taxes. An exemption certificate for state sales and use tax can be provided upon request.
- 5) **New Products:** Unless specifically called for in the solicitation document, all products for purchase must be new, never previously used, and the current model and/or packaging. No remanufactured, demonstrator, used or irregular product will be considered for purchase unless otherwise specified in the solicitation document. The manufacturer's standard warranty will apply unless otherwise stated in solicitation.
- 6) **Default of Contractor:** Failure to deliver within the time specified in the solicitation document will constitute a default and may cause cancellation of the contract. Where the University has determined the contractor to be in default, the state reserves the right to purchase any or all products or services covered by the contract on the open market and to charge the contractor with cost in excess of the contract price. Until such assessed charges have been paid, no subsequent bid from the defaulting contractor will be considered.
- 7) **Contract Cancellation:** The University shall have the right to cancel any contract, in accordance with Purchasing Rules and Regulations, for cause, including but not limited to, the following: (1) failure of the vendor to deliver within the time specified in the contract; (2) failure of the product or service to meet specifications, conform to sample quality, or to be delivered in good condition; (3) misrepresentation by the contractor; (4) fraud, collusion, conspiracy or other unlawful means of obtaining any contract with the state; (5) conflict of contract provisions with constitutional or statutory provisions of state or federal law; (6) any other breach of contract.
- 8) **Applicable Law:** All contracts shall be construed in accordance with and governed by the laws of the State of Louisiana.
- 9) **COMPLIANCE WITH CIVIL RIGHT LAWS:** By submitting and signing this bid, bidder agrees **The contractor agrees to abide by the requirements of the following as applicable: Title VI of the Civil Rights Act of 1964 and Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Federal Executive Order 11246 as amended, the Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, the Fair Housing Act of 1968 as amended, and contractor agrees to abide by the requirements of the Americans with Disabilities Act of 1990.**

Contractor agrees not to discriminate in its employment practices, and will render services under this contract without regard to race, color, religion, sex, sexual orientation, national origin, veteran status, political affiliation, disability, or age in any matter relating to employment. Any act of discrimination committed by Contractor, or failure to comply with these statutory obligations when applicable shall be grounds for termination of any contract awarded as a result of this solicitation.
- 10) **SPECIAL ACCOMMODATION:** Any "Qualified individual with a Disability" as defined by the American with Disabilities Act who has submitted a bid and desires to attend the bid opening, must notify this office in writing not later than seven days prior to the bid opening date of their need for special accommodations. If the request cannot be reasonably provided, the individual will be informed prior to the bid opening.
- 11) **INDEMNITY:** Contractor agrees, upon receipt of written notice of a claim or action, to defend the claim or action, or take other appropriate measure, to indemnify, and hold harmless, the state, its officers, its agents and its employees from and against all claims and actions for bodily injury, death or property damages caused by the fault of the contractor, its officers, its agents, or its employees. Contractor is obligated to indemnify only to the extent of the fault of the contractor, its officers, its agents, or its employees. However, the contractor shall have no obligation as set forth above with respect to any claim or action from bodily injury, death or property damages arising out of the fault of the state, its officers, its agents or its employees.

12) CERTIFICATION OF NO SUSPENSION OR DEBARMENT: By signing and submitting any bid for \$25,000 or more, the bidder certifies that their company, any subcontractors, or principals are not suspended or debarred by the General Services Administration (GSA), in accordance with the requirements in OMB Circular A-133. A list of parties who have been suspended or debarred can be viewed via the internet at <https://www.sam.gov/index.html/#1>.

13) FEDERAL CLAUSES, IF APPLICABLE: ANTI-KICKBACK CLAUSE- The contractor hereby agrees to adhere to the mandate dictated by the Copeland "Anti-Kickback" Act which provides that each contractor or subgrantee shall be prohibited from inducing, by any means, any person employed in the completion of work, to give up any part of the compensation to which he is otherwise entitled.

CLEAN AIR ACT- The contractor hereby agrees to adhere to the provisions which require compliance with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act which prohibits the use under non-exempt Federal Contracts, Grants or Loans of Facilities included on the EPA list of Violating Facilities.

ENERGY POLICY AND CONSERVATION ACT- The contractor hereby recognizes the mandatory standards and policies relating to energy efficiency which are contained in the State Energy Conservation Plan issued in compliance with the Energy Policy and Conservation Act (P.L. 94-163).

CLEAN WATER ACT- The contractor hereby agrees to adhere to the provisions which require compliance with all applicable standards, orders or requirements issued under Section 508 of the Clean Water Act which prohibits the use under non-exempt Federal Contracts, Grants or Loans of Facilities included on the EPA list of Violating Facilities.

ANTI-LOBBYING AND DEBARMENT ACT- The contractor will be expected to comply with Federal Statutes required in the Anti-Lobbying Act and the Debarment Act.

SPECIAL CONDITIONS

BID NUMBER: SB01865 BID OPENING: 04/27/2023

06/2020

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NOTICE TO BIDDERS:

- A. ITEMS PURCHASED THAT ARE PRODUCED, MANUFACTURED, ASSEMBLED, GROWN, OR HARVESTED IN LOUISIANA ARE SUBJECT TO PREFERENCE LAWS, SEE BELOW.
- B. PROCUREMENT OF DOMESTICS PRODUCT ACT: ITEMS MANUFACTURED IN THE UNITED STATES ARE SUBJECT TO PREFERENCE LAWS, SEE BELOW.

-
A. In accordance with the Louisiana Revised Statute 39:1604, a preference of 10% may be allowed for materials, supplies, products, provisions, or equipment which are produced, manufactured, or assembled in Louisiana, as defined in R.S. 38:2251(A), and which are equal in quality to other materials, supplies, products, provisions.

DO YOU CLAIM THIS PREFERENCE? YES _____ NO _____

SPECIFY ITEM NUMBER(S) _____

Specify location within Louisiana where this product is produced, manufactured, grown or assembled: _____

FAILURE TO SPECIFY ABOVE INFORMATION MAY CAUSE ELIMINATION FROM PREFERENCES.

Bidder shall provide with bid detailed information as to how the item qualifies for this preference. This preference may be allowed if all of the following conditions are met:

- 1) *The cost of such items does not exceed the cost of other items which are manufactured, processed, produced, or assembled outside the state by more than ten percent.*
- (2) *The vendor of such Louisiana items agrees to sell the items at the same price as the lowest bid offered on such items.*
- (3) *In cases where more than one bidder offers Louisiana items which are within ten percent of the lowest bid, the bidder offering the lowest bid on Louisiana items is entitled to accept the price of the lowest bid made on such items.*

- B. In accordance with the Louisiana Revised Statute 39:1604.7, Procurement of Domestic Products Act, a preference of 5% may be allowed for materials, supplies, product, provisions, or equipment which are manufactured in the Unites States and which are equal in quality to other material, supplies, products, provisions, or equipment.**

DO YOU CLAIM THIS PREFERENCE? YES _____ NO _____

SPECIFY ITEM NUMBER(S) _____

Specify location within the United States where this product is produced, manufactured, grown or assembled: _____

FAILURE TO SPECIFY ABOVE INFORMATION MAY CAUSE ELIMINATION FROM PREFERENCES.

Bidder shall provide with bid detailed information as to how the item qualifies for this preference. This preference may be allowed if all of the following conditions are met:

- (1) *The cost of such items does not exceed the cost of other items which are manufactured outside the United States by more than five percent.*
- (2) *The vendor of such items agrees to sell the items at the same price as the lowest bid offered on such items.*
- (3) *In cases where more than one bidder offers items manufactured in the United States which are within five percent of the lowest bid, the bidder offering the lowest bid on such items is entitled to accept the price of the lowest bid made on such items.*
- (4) *The vendor certifies that such items are manufactured in the United States.*

CONDITIONS OF PURCHASE

The following conditions, unless otherwise stated in the bid document, will apply to all purchase orders:

Merchandise must be accompanied by delivery slip or shipping list showing items shipped or delivered and the purchase order number. THE PURCHASE ORDER NUMBER must appear on all invoices, delivery memoranda, bills of lading packages and correspondence.

The University is not responsible for goods delivered or work done without a written order. No allowance for boxing or crating. Unauthorized quantities in excess of this order will be returned or held subject to shipper's order, expense and risk.

Contractor warrants that the merchandise to be furnished hereunder will be in full conformity with the specifications, drawing or sample and agrees that this warranty shall survive acceptance of the merchandise and that contractor will bear the cost of inspecting rejected merchandise.

All rejected goods will be held at contractor's risk and expense, subject to contractor's prompt advice as to disposition. Unless otherwise arranged, all rejected goods will be returned at contractor's expense.

Contractor will, at its expense defend the University against any claim that any merchandise to be furnished hereunder infringes a patent or copyright in the United States or Puerto Rico, and will pay all costs, damages and attorney's fees that a court finally as a result of such claim.

VENDOR INFORMATION SHEET

Please complete this page and the W9 form. The Vendor Information Sheet and W9 form should be completed by new and current vendors of the University and both completed documents should be submitted with bid response.

ORDER FROM NAME AND ADDRESS:

**NAME OF BIDDER MUST MATCH NAME ON ATTACHED W9 FORM.
NAME ON W9 FORM MUST AGREE WITH THE NAME ASSIGNED
TO FEDERAL TAX ID NUMBER PROVIDED.**

Address Line 1

Address Line 2

Address Line 3

Telephone

FAX

E-Mail Contact Address

REMIT TO ADDRESS:

**NAME OF BIDDER MUST MATCH NAME ON ATTACHED W9 FORM.
NAME ON W9 FORM MUST AGREE WITH THE NAME ASSIGNED
TO FEDERAL TAX ID NUMBER PROVIDED.**

Address Line 1

Address Line 2

Address Line 3

Telephone

FAX

E-Mail Contact Address

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

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Item #1 Pocket Nurse item #02-20-775, or equal, LGADLT ADC Blood Pressure Cuff. The cuff should be black enamel with 300 mmHg manometer, have a navy blue nylon cuff with range markings and gauge holder, latex-free inflation bladder and bulb, a chrome-plated deflation valve, Leatherette zippered carrying case with operating instructions. The cuff must meet or exceed ANSI/AAMI/ISO 81060-1, be latex-free. Size: LARGE adult (34-50 cm).

7 @ \$_____ each = Total \$_____

Item #2 Pocket Nurse item #02-24-0121, or equal, Progra-Temp Simulated Thermometer. The thermometer should look and feel like a real thermometer with an ergonomic and durable design. It should have Fahrenheit or Celsius mode selection, a large LCD display screen, probe cover storage on unit, a detachable probe (included), and interchangeable red (rectal) and blue (oral) probe indication caps. The thermometer should have an easy-to-access instructor control panel, must be programmable for dual temperatures: initial and reassessment. Replacement probe should include: red cap, blue cap and probe. THIS IS NOT A REAL THERMOMETER.

2 @ \$_____ each = Total \$_____

Item #3 Pocket Nurse item #02-70-1266, or equal, Graham Field Eye Occluder 9.5" The occluder should be latex-free, shaped to occlude either eye without pressure. It should be constructed of black plastic with a length of 9.5" inches.

3 @ \$_____ each = Total \$_____

Item #4 Pocket Nurse item #02-92-0047, or equal, Goniometer. The goniometer should measure a full 360-degree range in single degree increments, feature an imprinted guide for gauging angles, measure in both inches and centimeters, and be made of heavy-gauge clear plastic, 8".

3 @ \$_____ each = Total \$_____

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Item #5 Pocket Nurse item #02-92-6000, or equal, White Retractable Tape Measure. The tape measure should measure up to 60 inches, should measure in inches and centimeters and feature a push-button return.

4 @ \$_____ each = Total \$_____

Item #6 Pocket Nurse item #03-47-1000, or equal, SMALL Nitrile Gloves. The gloves should not contain natural rubber latex proteins, should be powder-free, non-sterile and ambidextrous with textured fingertips. Color: Lavender Blue, 100/box.

4 @ \$_____ box = Total \$_____

Item #7 Pocket Nurse item #03-47-1200, Pocket Nurse Nitrile Surgical Gloves, size 7.0. The gloves should be sterile, powder-free, not made with natural rubber latex, have excellent tactile sensitivity and be textured. Color: White. 50 pairs/box.

NO SUBSTITUTIONS. MUST BE POCKET NURSE SPECIFIC ITEM

6 @ \$_____ box = \$Total \$_____

Item #8 Pocket nurse item #03-47-1200, Pocket Nurse Nitrile Surgical Gloves, size 7.5. The gloves should be sterile, powder-free, not made with natural rubber latex, have excellent tactile sensitivity and be textured. Color: White. 50 pairs/box.

NO SUBSTITUTIONS. MUST BE POCKET NURSE SPECIFIC ITEM

8 @ \$_____ box = \$Total \$_____

Item #9 Pocket Nurse item #03-47-1200, Pocket Nurse Nitrile Surgical Gloves, size 8.0. The gloves should be sterile, powder-free, not made with natural rubber latex, have excellent tactile sensitivity and be textured. Color: White. 50 pairs/box.

NO SUBSTITUTIONS. MUST BE POCKET NURSE SPECIFIC ITEM

6 @ \$_____ box = \$Total \$_____

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Item #10 Pocket Nurse item #03-47-2511, or equal, SafeTouch Blue Nitrile Exam Glove, Medium. Gloves must be powder-free, latex-free, non-sterile and must not contain allergy-causing natural rubber proteins. The gloves must be strong and puncture resistant while maintaining tactile sensitivity. The thickness must be (3) mil at palm and 4 mil at fingertips. Size: Medium, color: Blue, 100/box.

22 @ \$_____ box = Total \$_____

Item #11 Pocket Nurse item #03-47-2511, or equal, SafeTouch Blue Nitrile Exam Glove, Small. Gloves must be powder-free, latex-free, non-sterile and must not contain allergy-causing natural rubber proteins. The gloves must be strong and puncture resistant while maintaining tactile sensitivity. The thickness must be (3) mil at palm and 4 mil at fingertips. Size: Small, color: Blue, 100/box.

13 @ \$_____ box = Total \$_____

Item #12 Pocket Nurse item #03-47-5080, or equal, XLG Synthetic Vinyl Exam Gloves. The gloves should be easy to put on and offer superior protection against acids, alkali and oils. Gloves should have a polyurethane coating for improved barrier performance, be latex-free, powder-free, non-sterile and ambidextrous. Color: Blue, Size: Extra Large, 100/box.

6 @ \$_____ box = Total \$_____

Item #13 Pocket nurse item #03-47-5200, or equal, NitrDerm Nitrile Surgical Gloves. The gloves should be sterile, ambidextrous, powder-free, textured and nitrile. Color: White, Size: 6.0, 25 pairs/box.

4 @ \$_____ box = Total \$_____

Item #14 Pocket Nurse item #03-47-5200, or equal, NitrDerm Nitrile Surgical Gloves. The gloves should be sterile, ambidextrous, powder-free, textured and nitrile. Color: White, Size: 8.5, 25 pairs/box.

2 @ \$_____ box = Total \$_____

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Item #15 Pocket Nurse item #03-47-5200, or equal, NitrDerm Nitrile Surgical Gloves.
The gloves should be sterile, ambidextrous, powder-free, textured and nitrile.
Color: White, Size: 9.0, 25 pairs/box.

2 @ \$_____ box = Total \$_____

Item #16 Pocket Nurse item #03-47-6535-TRPL, or equal, Wire Glove Box Holder.
The holder should hold (3) standard size glove boxes and should mount on
wall or under counter in a vertical or horizontal position. Mounting hardware
should be included.

2 @ \$_____ each = Total \$_____

Item #17 Pocket Nurse item #03-78-1020, or equal, 5 Quart Sharps Container- Red.
The container should have a horizontal drop and able to be nested for
compact storage. 10.5" W x 4.75" D x 10.75" H. 5 Quart, Red.

40 @ \$_____ each = Total \$_____

Item #18 Pocket Nurse item #04-54-1012, or equal, Telescoping IV Pole for Bed
Socket. The pole should have a locking collet to quickly and securely adjust
height from 35" to 65", have internal rubber bumpers for silent operation
and reduce shock to hand and IV container when lowering. It should be
constructed of durable, anodized aluminum tubing and meet the
requirements of HCPCS code: E0776.

5 @ \$_____ each = Total \$_____

Item #19 Pocket Nurse item #05-01-7110-1in, or equal, Cloth Surgical Tape, 1 inch.
The tape should be latex-free, strong and lightweight, provide secure,
durable skin adhesion and tear easily without shredding. 1" x 10 yds.
12 rolls/box.

3 @ \$_____ box = Total \$_____

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Item #20 Pocket Nurse item #05-02-1250, or equal, DynaLube Lubricating Jelly. Sterile lubrication jelly, 2.7g packet, latex-free, water-soluble. 144/box.

4 @ \$_____ box = Total \$_____

Item #21 Pocket Nurse item #05-12-0203, or equal, Patient Belongings Drawstring Clear Bag. The clear bags should have a convenient drawstring closure and be printed with "Personal Belongings" in blue, and have space for patient information. 20" x 20", 3 mil.

50 @ \$_____ each = Total \$_____

Item #22 Pocket Nurse item #05-41-2771, or equal, Convatec ActiveLife® Drainable Pouch. The pouch should be lightweight and flexible with a one-piece ostomy system and combine the skin barrier and pouch in an easy-to-manage system. It should also be transparent with a one-sided comfort panel and tape collar, offer a tall closure and able to be enlarged to accommodate stoma sizes 19 mm (0.75 in) to 64 mm (2.5 in). Pouch length should be 12 in.

6 @ \$_____ each = Total \$_____

Item #23 Pocket Nurse item #05-44-0505, or equal, Transcend Glucose Gels, 15g, Strawberry. The gels should be designed to relieve low blood sugar and boost energy quickly. It should work fast and contain 40% dextrose (d-glucose). It should come in a squeeze pouch to make it easy to carry, open and store and have syrup-like consistency. 12/pack.

1 @ \$_____ pack

Item #24 Pocket Nurse item #05-46-7124, or equal, Kangaroo Gravity Feeding Bag-1000mL. The bag should have a large, easy cap opening and contain an Enfit Connection, to be used without a feeding pump. 1000mL gravity set.

50 @ \$_____ each = Total \$_____

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Item #25 Pocket Nurse item #05-49-4911-12FR, or equal, Salem Sump Dual Lumen Stomach Tube. The tube should be made of transparent plastic with radiopaque stripe, be sterile, have an integral funnel connector with removable 5-in-1 adapter with an X-ray opaque line. 12 FR, length: 48 inches.

50 @ \$_____ each = Total \$_____

Item #26 Pocket Nurse item #05-49-4911-14FR Salem Sump Dual Lumen Stomach Tube. The tube should be made of transparent plastic with radiopaque stripe, be sterile, with centimeter markings to determine tube depth during placement. The tube should have an integral funnel connector with removable 5-in-1 adapter, double lumen PVC tubes, one for suction drainage; one for sump vent and an X-ray opaque line. 14Fr, length: 48 inches.

5 @ \$_____ each = Total \$_____

Item #27 Pocket Nurse item #05-51-1626, or equal, 3M Tegaderm Transparent Dressing. The dressing should provide a waterproof, sterile barrier to external contaminants, made with a hypoallergenic, latex-free adhesive in shapes and designs for both IV and wound needs. 4" x 4.75", 50/box.

2 @ \$_____ box = Total \$_____

Item #28 Pocket Nurse item #05-51-1628, or equal, 3M Tegaderm Transparent Dressing. The dressing should be sterile, breathable, with a moisture-vapor permeable and impermeable to liquids and bacteria and be latex-free. 6" x 8", 10/box.

2 @ \$_____ box = Total \$_____

Item #29 Pocket Nurse item #05-51-3220, or equal, 2" x 2" Non-sterile 8-ply Gauze Pack. The gauze should be 100% cotton, no exposed raw edges, cut edge folded in. 200/box.

4 @ \$_____ box = Total \$_____

Item #30 Pocket Nurse item #05-51-4272, or equal, Gauze Sponge Type VII. Sterile, 4" x 4", 12-ply. 10/pack.

4 @ \$_____ pack = Total \$_____

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Item #31 Pocket Nurse item #05-51-4611, or equal, Dynarex Resp-02 Drain Sponge, Sterile 2s, 4" x 4", 6-ply. Sponges should be non-woven sterile 2s for use around tracheostomy and IV sites, highly absorbent, less linting, packaged in peel down pouches in open trays for easy access. 4" x 4". 25/box.

10 @ \$_____ box = Total \$_____

Item #32 Pocket Nurse item #05-51-7522, or equal, Central Line Dressing Tray w/Chloraprep®, Sterile, Latex-Free with Chloraprep® applicator, 3mL, cotton-tipped applicator. The tray should include gauze, 4 ply, 2" x 2", suresite window dressing, 4 1/2" x 4", polybacked towel, 13" x 9", Curad® tape roll, 1" x 18", Posi-Grip™ plastic forceps, mask with ear loops and a pair of Aloetouch® 3G vinyl gloves. Should ship ORM-D.

40 @ \$_____ each = Total \$_____

Item #33 Pocket Nurse item #05-55-1346-23x36, or equal, Disposable Underpads CHUX. The underpads should be highly absorbent with a soft fluff fill, waterproof with non-skid blue backing and sealed on all four sides to prevent leakage. Not bio-degradable. 23" x 36" (60 g), 50/bag.

2 @ \$_____ bag = Total _____

Item #34 Pocket Nurse item #05-87-111, or equal, Stackable Bed Pan. The bed pans should be smooth with a high-gloss finish, not autoclavable, Mauve.

4 @ \$_____ each = Total \$_____

Item #35 Pocket Nurse item #05-87-1185, or equal, Silicone-Elastomer Latex 2-layer Foley Catheter Tray/Drain Bag. The two-layer tray with drain bag should have an anti-reflux device and silicone-elastomer coated latex Foley catheter, 14 Fr 10 mL balloon and be pre-connected to a drainage bag or urine meter. The tray should include: prep tray with compartments, 14 Fr Foley catheter, wrapped Aloetouch® 3G vinyl gloves, 3-pack of PVP swabsticks, moisture-proof underpad, fenestrated drape, sterile water syringe, lubricating jelly, specimen container with label, needleless access sampling port, and a closed system. Drain bag capacity: 2000 mL.

30 @ \$_____ each = Total \$_____

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Item #36 Pocket Nurse item #05-87-2002, or equal, 14 Fr Latex-free Closed Insert Foley Tray, Non-Sterile. The tray should be packed as if sterile for educational purposes and should include: 14 Fr Foley urethral catheter with plastic perforated covering, 2000 mL drainage bag with pre-connected Foley with 5 mL balloon, 10 mL Luer Slip prefilled syringe, (2) latex-free, powder-free vinyl gloves, moisture-proof under-pad, fenestrated drape, (2) packages simulated swabsticks with distilled water, rubber band and bed clamp, lubricating jelly packet, urine collection vial with cap and label, tamper evident seal, prep deck and needleless sample port (luer slip syringe compatible).

4 @ \$_____ each = Total \$_____

Item #37 Pocket Nurse item #05-87-2115, or equal, 15 Fr Straight Catheter Kit with Red Catheter. The kit should be sterile and should include a waterproof underpad, drape, gloves, lubricant, BZK swabsticks, collection tray, specimen container and label.

4 @ \$_____ each = Total \$_____

Item #38 Pocket Nurse item #06-26-1520, or equal, BD Insyte Autoguard Shielded IV Catheter with Wings and Notched Needle. The catheter should increase ease of penetration, reduce risk of infiltration, be kink resistant and increase indwelling time. 22G x 1". 50/box. MFR# 381523.

3 @ \$_____ box = Total \$_____

Item #39 Pocket Nurse item #06-26-2519, or equal, B. Braun Introcan Safety IV Catheter. The catheter should be sterile, latex-free, safety, no DEHP, 22G x 1", 50/box. MFR# 4252519-02

3 @ \$_____ box = Total \$_____

Item #40 Pocket Nurse item #06-26-2538, B. Braun Introcan Safety IV Catheter- 20G x 1.25" FEP Winged. The catheter should be pink, sterile, latex-free, safety, winged, no DEHP, 50/box.

7 @ \$_____ box = Total \$_____

*****NO SUBSTITUTIONS. MUST BE SPECIFIC ITEM*****

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Item #41 Pocket Nurse item #06-44-9501, Pocket Nurse® Crash Cart Refill Kit- Simulated Medication. The refill kit includes: (2) Demo Dose® Amiodron 2 mL 150 mg/3mL, (2) Demo Dose® Atropin 1 mg 10 mL syringe, (2) Demo Dose® Calcim Chlorid 10% 10mL syringe, (2) Demo Dose® Dextrose 50% 50mL, Demo Dose® DOBUTamin (Dobutrx) 250 mg/20 mL 20mL, Demo Dose® DOPamin Hydrochlorid (Intropn) 40 mg/mL 10mL, (2) Demo Dose® Epinephrn 0.1 mg/mL 10 mL syringe, (2) Demo Dose® Lidocain 2% 5mL Syringe, (2) Demo Dose® Sodim Bicrb 8.4% 50 mL syringe, (2) Demo Dose® Vasopressn 1 mL MDV 20 units/mL, (200) Alcohol Prep Pads- medium, Demo Dose® Magnesim Sulfat 50% 10 mL 5 g/10mL, Demo Dose® Isuprl Ampule 1mL 0.2 mg/mL, Demo Dose® Solu-Medrl 2 mL 125 mg/2 mL, Demo Dose® Metoproll (Lopressr) 5 mL 5 mg/5 mL, Demo Dose® Diltiazm (Cardiazm) 5 mL 25 mg/5 mL, Demo Dose® Procainamid (Procn) 10 mL MDV 1 g/10 mL, MAD Nasal Intranasal Mucosal Atomization Device, Demo Dose® Naloxon Hyrdochlorid Injection 2 mL 2mg/2 mL, Demo Dose® Nitr Sublingual Tablets 0.4 mg, Demo Dose® Adenocrd 2 mL 6 mg/2 mL.

2 @ \$_____ kit = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #42 Pocket Nurse item #06-51-2628, or equal, Central Line Dressing Trays. The tray should include: Alcohol, triple swabstick, Chloraprep® 3 mL with insert, Tegaderm™ Dressing 4 x 4.75-inch, Gauze: 4" x 4", 4-ply, Pair Nitrile Exam Gloves in Wallet, Medium, Blue, Dressing Change Label 1" x 1.6", Mask with Earloops, folded, Transparent strip tape, 1" x 4", Wrap 17" x 19", White, Sterile, Latex-free, 20/case.

5 @ \$_____ case = Total \$_____

Item #43 Pocket Nurse item #06-54-2040, Alaris Pump Module Infusion Set. Type: Primary, Length: 117 in., GTT/ML: 20, Y site: (2), MFR #2420-0500.

20 @ \$_____ each = Total \$_____

*****NO SUBSTITUTION, MUST BE SPECIFIC ITEM*****

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Item #44 Pocket Nurse item #06-54-3103, Pocket Nurse® Triple Lumen CV Catheter. The catheter is able to be used on simulators, can demonstrate line insertion, care and maintenance, is non-sterile, triple-lumen, 7 Fr.

100 @ \$_____ each = Total \$_____

*****NO SUBSTITUTION, MUST BE SPECIFIC ITEM*****

Item #45 Pocket Nurse item #06-54-5110, or equal, B. Braun Ultrasite Positive Pressure Valve Needle Free. The valve should demonstrate safe needle handling with luer access device and should show how to reduce needlestick injuries and reduce blood drawbacks when injecting, aspirating or infusing liquids. The valve should be used for aspiration, injection or gravity flow upon insertion of a male luer fitting, used to cap IV catheter or central line catheter. The needleless connector can be used anywhere a standard injection cap is used.

300 @ \$_____ each = Total \$_____

Item #46 Pocket Nurse item #06-54-7427, or equal, IV Starter Kit with Chloraprep Latex-free. The kit should include (2) Gauze 2" x 2", 4-ply, Tegaderm®-1624w, CURAD® Tape ¾" x 18", latex-free tourniquet, Chloraprep® 1.5 mL, 100/case.

1 @ \$_____ case

Item #47 Pocket Nurse item #06-54-9402, or equal, LifeShield Macrobore Extension Set. The set should include a clave connector, side clamp and Option-Lok male adapter. The length should be 7", GTT/ML: N/A, Y Site: N/A, DEHP-free, latex-free. MFR# 12660-28.

200 @ \$_____ each = Total \$_____

Item #48 Pocket Nurse item #06-69-1201, or equal, Disposable Medicine Cups. The cups should be manufactured of strong, flexible, virgin polypropylene material with easy-to-read graduations on all sides with multiple measurements: fluid ounces (1/8, ¼, ½, ¾, 1), teaspoons (1/2, 1), tablespoons (1, 2), milliliters (mL) (2.5, 5, 7.5, 10, 15, 25, 30). The cups should be disposable and latex-free. 100/bag.

3 @ \$_____ bag = Total \$_____

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Item #49 Pocket Nurse item #06-82-2086, or equal, Syringe Tip Caps, Sterile.
The tip caps should be sterile, single-use and designed to fit Luer-Lock tip or Luer-Lock tip syringes. The caps should position upright in tray wells and be designed to fit luer-lock or luer-slip tip syringes and should not be manufactured with DEHP or natural rubber latex. 100/bag.

1 @ \$_____ bag

Item #50 Pocket Nurse item #06-82-4235, or equal, Hypodermic Needle-Pro® Device & Syringe. There should be bold, distinct markings on the syringe and have a simple, one-handed activation of the safety feature. The device and syringe should help reduce potential for needlestick injuries by minimizing critical exposure time, low dead space, bevel orientation and the entire device should be color coded to ISO gauge colors. 3 mL, 22G x 1 in., 50/box.

2 @ \$_____ box = Total \$_____

Item #51 Pocket Nurse item #06-82-5180, or equal, BD PrecisionGlide Blunt Fill Needle- 18G x 1.5". 100/box. MFR# 305180.

4 @ \$_____ box = Total \$_____

Item #52 Pocket Nurse item #06-82-5195, or equal, BD Hypodermic Needle- 18G x 1". 100/box. MFR# 305195.

3 @ \$_____ box = Total \$_____

Item #53 Pocket Nurse item #06-82-5210AMBR3ML, or equal, BD Oral Syringe with Tip Cap. The tip cap should be sterile, latex-free. Color: Amber, Size: 3 mL.

100 @ \$_____ each = Total \$_____

Item #54 Pocket Nurse item #06-82-5210-CLR10ML, or equal, BD Oral Syringe with Tip Cap. The tip cap should be sterile, latex-free, Clear, 10 mL.

200 @ \$_____ each = Total \$_____

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Item #55 Pocket Nurse item #06-82-5211, or equal, BD Blunt Fill Needle with Blunt Fill Tip. Size: 18G x 1 1/2", 100/box. MFR# 305211.

3 @ \$_____ box = Total \$_____

Item #56 Pocket Nurse item #06-82-5762, or equal, BD Eclipse Needle, 23G x 1". The item should be a pivoting-shield needle for efficient safety during activation and bevel oriented to the safety cover to facilitate low-angle injections. 23G x 1". The needle should be latex-free and sterile. 100/box. MFR# 305762.

3 @ \$_____ box = Total \$_____

Item #57 Pocket Nurse item #06-82-5930, or equal, BD SafetyGlide™ Insulin Syringe With Permanently-Attached Needle. The syringe should be sterile and the hypodermic needle and syringe should have a shielding mechanism. Size: 1mL, 29G x 0.5", 100-unit syringe. 100/box. MFR #305930.

5 @ \$_____ box = Total \$_____

****Must not be Medtronic- The Nursing Department prefers not to use Medtronic brand due to the brands inability to substitute for the departments training needs****

Item #58 Pocket Nurse item #06-82-5945, or equal, BD SafetyGlide Tuberculin SafetyGlide Needle. The needle should be for insulin and tuberculin delivery with easy to use single hand activation and should be safe and secure with visible lock. Fingers should be able to remain behind needle at all times. 1 mL Tuberculin syringe with 27G x 1/2". 100/box. MFR# 305945.

3 @ \$_____ box = Total \$_____

****Must not be Medtronic- The Nursing Department prefers not to use Medtronic brand due to the brands inability to substitute for the departments training needs****

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Item #59 Pocket Nurse item #06-82-5946, or equal, BD SafetyGlide Tuberculin SafetyGlide Needle. The needle should be for insulin and tuberculin delivery with easy to use single hand activation and should be safe and secure with visible lock. Fingers should be able to remain behind needle at all times. 1 mL Tuberculin syringe with 26G x 3/8". 100/box.

1 @ \$_____ box

****Must not be Medtronic- The Nursing Department prefers not to use Medtronic brand due to the brands inability to substitute for the departments training needs****

Item #61 Pocket Nurse item #06-82-6553, or equal, BD PosiFlush SF Saline Syringe. 10 mL, standard plunger rod sterile field syringe.

33 @ \$_____ each = Total \$_____

Item #62 Pocket Nurse item #06-82-7051, Port Access Needle Set with Y Injection Site 20G x 0.8 in. A green dot indicator appears when safety mechanism is successfully engaged. Low profile and foam pad to assist with placement of securement dressing. Flexible and ergonomic wings, small, transparent, round-based plate. The needle set includes (1) Y site, 20mm, 20G x 0.8 in, is sterile and not made with natural rubber latex.

40 @ \$_____ each = Total \$_____

*****NO SUBSTITUTION, MUST BE SPECIFIC ITEM*****

Item #63 Pocket Nurse item #06-82-9071, or equal, Monoject Oral Syringe- 10 mL. Size: 10 mL, 100/box.

1 @ \$_____ box

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Item #64 Pocket Nurse item #06-82-9657, or equal, BD Syringe Only with BD Luer-Lok Tip. The syringe should have a clear barrel with bold scale markings and 0.1 mL increments with a tapered plunger rod and positive plunger rod stop. The product should also have BD Luer-Lok thread for increased secure connection, and should be sterile and disposable. Size: 3 mL, 200/box. MFR# 309657.

3 @ \$_____ box = Total \$_____

Item #65 Pocket Nurse item #06-93-0063, Demo Dose® Misoprostl (Cytotc) 200 mcg. 100 pills/box. Therapeutic Class: Antiulcer. Dosage: 200 mcg.

1 @ \$_____ box

****Must be Demo Dose to be compatible with existing equipment****

Item #66 Pocket Nurse item #06-93-0530, Demo Dose® 0.9% Sodim Chlorid. Therapeutic Class: Mineral and Electrolyte Replacement. Volume: 30 mL, Strength: 0.9%, for use as a simulated sterile diluent.

150 @ \$_____ vial = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #67 Pocket Nurse item #06-93-0720, Demo Dose® Oral Medication Set #2. Each box contains (100) each, pills or capsules and includes: Lipitr 10 mg, Lotensn 10 mg, Wellbutrn 100 mg, Synthrod 100 mcg, Glucophag-XR 500 mg, and Persantin 75 mg.

1 @ \$_____ box

****Must be Demo Dose to be compatible with existing equipment****

Item #68 Pocket Nurse item #06-93-1100, Demo Dose® EPINEPHrin Adrenaln 10ml Syringe.

30 @ \$_____ each = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

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Item #69 Pocket Nurse item #06-93-1104, Demo Dose® Calcim Chlorid 10mL syringe.

10 @ \$_____ each = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #70 Pocket Nurse item #06-93-1106, Demo Dose® Vasopressn MDV.
Therapeutic Class: Antidiuretic Hormone, Volume: 2 mL, Strength:
20 units/mL.

10 @ \$_____ vial = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #71 Pocket Nurse item #06-93-1109, Demo Dose® 50% Dextros 50mL Simulated
Code Drug. Includes: Glass vial with 50mL syringe, Luer lock needle-free
adapter, 20G protected needle.

40 @ \$_____ each = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #72 Pocket Nurse item #06-93-1202, Demo Dose® Amoxicillin Clavulanic acid
Augmentn. Therapeutic Class: Antibiotic, Volume: 100 mL, Strength:
400 mg/5 mL.

5 @ \$_____ bottle = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #73 Pocket Nurse item #06-93-1212, Demo Dose® 0.9% Bacteriostatic Sodium
Chlorid. Therapeutic Class: Mineral and Electrolyte Replacement, Volume:
10 mL, Strength: 0.9%.

75 @ \$_____ vial = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

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Item #74 Pocket Nurse item #06-93-1427, Demo Dose® Phenyton (Dilantn) 50mg/mL.
Therapeutic Class: Anticonvulsant, Volume: 2mL, Strength: 50 mg/mL.

10 @ \$_____ vial = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #75 Pocket Nurse item #06-93-1428, Demo Dose® Gentamicn. Therapeutic
Class: Antibiotic, Volume: 2mL, Strength: 40 mg/mL.

100 @ \$_____ vial = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #76 Pocket Nurse item #06-93-1434, Demo Dose® Famotidin Inj. Vial.
Therapeutic Class: Antiulcer, Volume: 2mL, Strength: 10mg/mL.

10 @ \$_____ vail = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #77 Pocket Nurse item #06-93-1922, Demo Dose® Pediatric Phytonadion
(Vitamin K) Prefilled Luer-Lock ACLS syringe. Volume: 2mL, Strength:
1mg/0.5mL.

6 @ \$_____ each = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #78 Pocket Nurse item #06-93-2002-CLR, or equal, Unlabeled 2mL Vial Filled
Clear. The vial should simulate the preparation of intradermal and
immunization injections. Clear vial, Volume: 2 mL.

200 @ \$_____ vial = Total \$_____

Item #79 Pocket Nurse item #06-93-2011, Demo Dose® Clear Ampule, 2mL.
Volume: 2mL, Color: Clear, 10/pack.

60 @ \$_____ pack = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

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Item #80 Pocket Nurse item #06-93-2100, Demo Dose® Solu-MEDRL 125mg/2mL
Methylprednisolon, Therapeutic Class: Corticosteroid, Volume: 2mL, Strength:
125mg/2mL.

20 @ \$_____ vial = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #81 Pocket Nurse item #06-93-2524, Demo Dose® Enoxaprn Lovenx 40mg.
Therapeutic Class: Anticoagulant, Volume: 0.4mL syringe, Strength:
40mg/0.4mL. Single-use syringe with needle used for post-op immobility
scenarios to prevent DVT. Also, for students to learn how to teach patients to
self-inject.

10 @ \$_____ each = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #82 Pocket Nurse item #06-93-3003, Demo Dose® Regulr Insuln 10mL vial,
100 units/mL.

50 @ \$_____ vial = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #83 Pocket Nurse item #06-93-3004, Demo Dose® NPH Insuln 10mL,
100 units/mL.

50 @ \$_____ vial = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #84 Pocket Nurse item #06-93-3010, Demo Dose® Furosemid Lasx 2mL.
Therapeutic Class: Antihypertensive, Volume: 2mL, Strength: 10mg/mL.

20 @ \$_____ vial = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

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Item #85 Pocket Nurse item #06-93-3124, Demo Dose® Influenza Virus Vaccine (Flulaval), Therapeutic Class: Vaccine, Volume: 5mL, Strength: 0.5mL.

20 @ \$_____ vial = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #86 Pocket Nurse item #06-93-3381, Demo Dose® MMR A and B Measles, Mumps and Rubella. Therapeutic Class: Vaccine, Volume: 0.5mL, Strength: 0.5mL/Dose.

100 @ \$_____ vial = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #87 Pocket Nurse item #06-93-3920, Demo Dose® Insulin Pen Trainer. Pen is larger with more ergonomic size for handling and use. Allows for storage of (1) insulin cartridge and (3) pen needles (not included). The pen trainer is to teach insulin self-administration with consistent and convenient liquid-dosage delivery for education practice. The pen is adjustable from 0-60 units with window for precise close verification. Care and use instructions should be included.

5 @ \$_____ each = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #88 Pocket Nurse item #06-93-5000, Demo Dose® Nitr Ointment 2% 30g. Therapeutic Class: Vasodilator, Volume: 30g, Strength: 2%. (50) application papers included.

5 @ \$_____ each = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #89 Pocket Nurse item #06-93-5001, Demo Dose® Nitr Oint Application Papers. 50/pack.

1 @ \$_____ pack

****Must be Demo Dose to be compatible with existing equipment****

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Item #90 Pocket Nurse item #06-93-6922, Demo Dose® Ondansetron Zofran.
Therapeutic Class: Antiemetic, Volume: 2mL, Strength: 2 mg/mL.

60 @ \$_____ vial = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #91 Pocket Nurse item #06-93-6942, Demo Dose® Lorazepam (Ativan).
Therapeutic Class: Anxiolytic, Volume: 1mL, Strength: 2 mg/mL.

10 @ \$_____ vial = Total \$_____

****Must be Demo Dose to be compatible with existing equipment****

Item #92 Pocket Nurse item #07-07-1201, 1200 mL Suction Vacuum
Regulator Canister. The canister should be an accessory for Amico
headwalls. Volume: 1200 mL.

*****NO SUBSTITUTION. MUST BE AMICO*****

2 @ \$_____ each = Total \$_____

Item #93 Pocket Nurse item #07-71-0095, or equal, Tracheostomy Twill Tie Tape.
The tape is to teach proper binding for trach tubes or wound bandages and
can be used to tie hospital gowns. The tape should be ridged to provide a
secure tie. Width: 0.25", Length: 36 yards.

4 @ \$_____ roll = Total \$_____

Item #94 Pocket Nurse item #07-71-1075, or equal, Adult Tracheostomy Mask.
The mask should have a soft, clear finish with adjustable elastic braids.
The connectors should accept standard 22mm aerosol tubing and should
include adaptor (5.4 mm). Size: Adult.

30 @ \$_____ each = Total \$_____

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Item #95 Pocket Nurse item #07-71-1518-100FT, or equal, Corr-A-Flex Oxygen Supply Tubing. The tubing should have a cuttable cuff, 22mm disposable, flexible, lightweight corrugated tubing, tapered cuffs to securely attach to most 22mm respiratory applications. Length: 100 ft.

1 @ \$_____ box

Item #96 Pocket Nurse item #07-71-2555-GRN, or equal, Christmas Tree Swivels, Nipple and Nut Connectors, Green. The swivel should have a Christmas tree style adapter to be used with simulated oxygen outlet, green.

8 @ \$_____ each = Total \$_____

Item #97 Pocket Nurse item #07-71-3205-10Fr, or equal, Suction Catheter Kit, Non-Sterile with 2 gloves. The kit should be coil packed with (2) powder-free, latex-free gloves. The suction catheter should have a control valve with a pop-up solution cap. 10 French.

50 @ \$_____ each = Total \$_____

Item #98 Pocket Nurse item #07-71-4832-12FR, or equal, Suction Catheter Kit, Sterile, with 2 sterile, vinyl gloves. The kit should be coil packed with a control valve with a pop-up solution cap. 12 French.

100 @ \$_____ each = Total \$_____

Item #99 Pocket Nurse item #07-07-5021, or equal, Universal Suction Tubing with Scalloped Connectors- 6 ft. The tubing should be sterile, latex-free and have universal female connectors at both ends and should include a straight male connector for versatility. The tubing should be non-conductive with markers for cutting every three feet, strong and collapse resistant with easy connections. Length: 6 ft., Diameter: 3/16 in.

50 @ \$_____ each = Total \$_____

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Item #100 Pocket Nurse item #08-56-2830, or equal, Taylor Percussion Hammer.
The hammer has a weighted, chrome-plated zinc alloy handle and should be properly balanced for increased control of force in the percussion.

15 @ \$_____ each = Total \$_____

Item #101 Pocket Nurse item #08-68-0415, or equal, Body Alignment Wedge.
The wedge should have a non-slip surface, be fire-retardant and made of high-density foam. 12" W x 9" H x 15" L.

4 @ \$_____ each = Total \$_____

Item #102 Pocket Nurse item #08-82-1903, Pocket Nurse Practice Suture Kit with Demo Sutures. The kit includes everything needed to practice suturing skills, including various suture types and needle sizes, as well as several different practice cuts and is designed for use by students. The plastic suture pad is durable and does not tear, allowing each practice cut to be sutured multiple times. All kit components are able to be stored in the included box. The compact kit can be used for practicing suturing in the classroom or laboratory and includes everything needed for suturing skills. The latex-free suture pad measures 6.5" wide, 5.75" long and 0.5" thick. The pad features a realistic texture and a variety of common cuts and lacerations, irregular wounds and Y shaped for corner stitches. The kit includes 5" needle holder, toothed forceps, suturing scissors, 3 suture varieties with needles and tubing pieces to practice securing tubes, drains and catheters.

50 @ \$_____ each = Total \$_____

*****NO SUBSTITUTION, MUST BE POCKET NURSE SPECIFIC ITEM*****

Item #103 Pocket Nurse item #09-31-3313, or equal, With Child Large-Size Spiral Bound Charts Book. The book should be large, durable, with thick pages that feature beautiful illustrations and covers more than 100 childbearing topics from preconception planning through the postpartum period. The book should also feature overlapping images of fetal development inside the mother and include the following topics: preconception planning, genetics, human reproduction, pregnancy hazards, nutrition and exercise, warning signs in pregnancy, your changing body, getting ready for birth, labor and birth, newborns, breastfeeding and parenting, and postpartum period. 21.5" x 17".

1 @ \$_____ each

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Item #104 Pocket Nurse item #10-81-3401, or equal, Left Breast with Cancer Model. The model should be full-sized and made of durable, lifelike material, with embedded lumps to simulate fibrocystic mass and typical tumor, and contain a lactiferous duct. It should include an education card that shows locations of irregular masses and common self-inspection patterns. Model size should be: 8.75" L x 6.25" W x 3" H. Card size: 8.25" L x 6.25" W, base size: 8-7/8" L x 6.25" W. 1-year limited warranty.

1 @ \$_____ each

Item #105 Pocket Nurse item #12-55-2005-SZ5, or equal, Disposable Baby Diapers. The diapers should be made of soft, cloth-like materials that are gentle and delicate, with stretch waist bands and antileak guards. The side panels should stretch and have repositionable tabs. Size 5 fits 27+ lbs. 25/bag.

1 @ \$_____ bag

Item #106 Pocket Nurse item #12-58-6833, or equal, Umbilical Cord Clamp. The clamp should be latex-free, non-sterile, locks permanently and easily placed with one hand.

1 @ \$_____ each

Item #107 Pocket Nurse item #12-74-2100, or equal, Perineal Bottle, 8 oz. The bottle should be flexible and easy-to squeeze with an easy open push/pull cap and identification area for contents and patient's name. Non-sterile.

4 @ \$_____ each = Total \$_____

Item #108 Pocket Nurse item #14-17-0714, or equal, Nasco Life/form® Clots and Hemorrhages, set of 5. The set should add realism without the mess of moulage and assist with simulating assessment, diagnosis and care. It should also allow for simulated blood or other moulage techniques to be added, as desired, to enhance simulation, as well as allow for multiple uses with proper care. The set should include: small blood clot, medium blood clot, large blood clot, perineal hemorrhage and hemorrhage blood pool.

1 @ \$_____ each

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Item #109 DiaMedical SKU#OBO17302, or equal, Stryker Cub Pediatric Crib. The crib should feature: 360 access with all four side rails being lowered, 4 swing open silent access doors, optional integrated scale, retractable fifth wheel and optional hydraulic controls. Product configuration: Hydraulic.

1 @ \$_____ each

Item #110 3B Scientific, or equal, Physiological Human Skeleton Model on Hanging Stand. The model should feature an almost true-to-life reproduction of the joint system, demonstrate internal and external rotation of the limbs and show how the knee and elbow joints move and stretch. The spine should be flexible and make natural movements (lateral bend, movement and stretching, rotation). The hand bones should be assembled on wire to show their natural position, the foot bone should have flexible assembly to make them maneuverable, and the shoulder blades should twist when the arms are raised. The model should have a stable metal hanging stand with 5 casters (painted white), made from top-quality, life-size natural casting made from durable, unbreakable synthetic material close to the realistic weight of around 200 bones. The skull should be a 3-part assembled skull with individually inserted teeth. The model should come with a metal hanging stand (6'3", 192 cm) and transparent dust cover. The model should give direct access on smartphone, tablet or desktop device to view virtual anatomy content featuring freely rotating model and zoom in and out, display hotspots and their anatomical structures, and Augmented Reality (AR) to start virtual anatomy model. The model should feature an Anatomy Quiz function to test and improve anatomical knowledge with instant results and final score evaluation, a drawing function to allow image customization with save and share function and the ability to learn both male and female anatomy. It should be easy to access 3D content both online and offline and be available in 11 languages.

1 @ \$_____ each

Item #111 TouchPoint Medical, or equal, Medical AccessPoint Cart. The cart should feature the following: 4-tier Rx, LiFe, Electronic Lift, Keypad Control, 12" coiled power cord, NEMA 5-15p Upgrade, AC Inverter Kit, Scanner Holder, VESA Mount, Front Facing, Access Point, MFE Computer, Dell Optiplex 3000 Micro, Monitor Kit, Planar 22" LED, HDMI, Accessory Rail- 8", Rear handle Kit, Polymer, Kit, Zebra Printer, Side Facing, Accesspoint,

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Keyboards, iRocks Ultra Slim, White, Keyboard Cover, iRocks Ultra Slim, Keyboard Arm Assembly, Ergonomic, Optical Mouse, Mouse Holder, Scanner, Tethered, Symbol LS2208, Four Tier Rx Module with 7.1 Locking System, Three 4" patient bins with three 4" patient bin dividers. One tier Storage drawer with CS lock, AccessPoint Rx Divider Kit 3-tier storage Drawer, BlueCHIP certified Hardware Integration Program MFE, Powered USB Hub 7-port, 3.0, AccessPoint Cart single Monitor Integrated Cart Packaging. BatteryPro TPM BatteryPro Version 3.6.12.0, Wireless mobile workstation, ergonomically designed for ease of mobility and for use in a seated position, lock-alert, software included allows for assignment of users, electronic labeling of bins as well as secure locking of drawers. Site can load software on local hard drive or access any program via the internet, battery powered operation for up to 8 hours, Rechargeable DC battery, bar code reader function, manufacturer manual provided. (3) Rx storage module shelf.

1 @ \$_____ each

Item #112 Pocket Nurse item #07-71-1400-SZ8, Pocket Nurse® Simulated Tracheostomy Tube, Cuffed, Size 8. The tube provides the convenience of teaching trach insertion and care skills in simulation lab while teaching students how to manage tracheal and bronchial secretions using suctioning and proper trach care. It features a smooth, rounded-tip obturator for easy insertion, is translucent for easy inspection with a disposable inner cannula, blue pilot balloon for inflation, clear flange to support twill ties or trach holder, (2) 28.5" twill ties. Packaged as if sterile to teach sterile technique. Size 8 Trach Tube, packaged in clamshell with peel-back lid.

80 @ \$_____ each = Total \$_____

NO SUBSTITUTIONS. MUST BE POCKET NURSE SPECIFIC ITEM

**PRICING MUST INCLUDE COST FOR SHIPPING AND DELIVERY TO
NICHOLLS STATE UNIVERSITY.**

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THE BRAND NAMES SPECIFIED ARE USED ONLY TO DESCRIBE THE STANDARD OF QUALITY, PERFORMANCE, AND CHARACTERISTICS DESIRED AND IS NOT INTENDED TO LIMIT OR RESTRICT COMPETITION. HOWEVER, IF BIDDING AN "EQUIVALENT" TO BRAND OR MODEL SPECIFIED, BIDDERS SHOULD SUBMIT WITH THE BID RESPONSE INFORMATION (SUCH AS ILLUSTRATIONS, DESCRIPTIVE LITERATURE, TECHNICAL DATA) SUFFICIENT FOR THE UNIVERSITY TO EVALUATE QUALITY, SUITABILITY, AND COMPLIANCE WITH THE SPECIFICATIONS OF THE SOLICITATION DOCUMENT. FAILURE TO SUBMIT DESCRIPTIVE INFORMATION MAY CAUSE BID TO BE REJECTED. ANY CHANGE MADE TO A MANUFACTURER'S PUBLISHED SPECIFICATION SUBMITTED FOR A PRODUCT SHALL BE VERIFIABLE BY THE MANUFACTURER. IF ITEM(S) BID DOES NOT COMPLY WITH SPECIFICATIONS (INCLUDING BRAND AND/OR PRODUCT NUMBER), BIDDER SHOULD STATE IN WHAT RESPECT THE ITEM(S) DEVIATE. FAILURE TO NOTE EXCEPTIONS ON THE RESPONSE FORM WILL NOT RELIEVE THE SUCCESSFUL BIDDER(S) FROM SUPPLYING THE ACTUAL PRODUCTS REQUESTED.

BID SUBMITTED BY: _____

(Please print or type name)

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE/FAX: _____

E-MAIL: _____

PRICE MUST INCLUDE COST FOR SHIPPING AND DELIVERY TO NICHOLLS STATE UNIVERSITY.

Addenda Acknowledgement: _____
